

AB 212 – ROUND 4 APPLICATION

SAN BERNARDINO COUNTY, 2004-2005



PERSONAL INFORMATION *(Please print)*

Applicant's Name: _____
Last First MI

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Work Phone: (____) _____ Home Phone: (____) _____

GENDER

☐ Male
☐ Female

MARITAL STATUS

☐ Married
☐ Not Married

ETHNICITY (Check one) *For statistical purposes*

☐ White ☐ Spanish/Hispanic/Latino ☐ Asian or Pacific Islander
☐ Black ☐ American Indian or Alaskan Native ☐ Other

EMPLOYMENT INFORMATION

Employer: _____ (Name of school district, corporation, etc.)

Child Care Center Site Name: _____

Address: _____ City: _____ Zip: _____

Director's Name: _____ Phone: (____) _____
Last First

Date Employment Began With Current Employer: ____ / ____ / ____ Hours Worked Weekly: _____

Hourly Wage: \$ _____ per hour

Gross Annual Salary: \$ _____ per year

Gross Household Annual Income: \$ _____ per year

Ages of children you regularly work with: (check all that apply):

☐ Birth to 23 months ☐ 2-3 years ☐ 3-5 years ☐ 5 years (kindergarten) ☐ 6 years and over

What languages (other than English) do you use in order to communicate and teach in your classroom? _____

If any, how many children have a diagnosed disability in your classroom (IEP included)? _____

BENEFITS

Check the box that best describes the paid leave (sick, vacation and holiday) benefits you receive from your employer:

☐ More than 30 days annually ☐ 15-30 days annually ☐ 10-15 days annually ☐ 1-9 days annually ☐ None

Check the box that best describes the Medical benefits you receive from your employer:

☐ Fully paid coverage for me ☐ Fully paid coverage for me and my dependents (if applicable)

☐ Partially paid medical coverage ☐ No employer provided medical benefits

REQUIRED SURVEY QUESTIONS

Did you receive an AB212 - Round 1 Stipend ☐ Yes ☐ No
Did you receive an AB212 - Round 2 Stipend ☐ Yes ☐ No
Did you receive an AB212 - Round 3 Stipend ☐ Yes ☐ No

How have you used your previous AB212 Stipends? (check all that apply)

- ☐ College ECE classes
☐ Other College classes
☐ College supplies and/or books
☐ Other personal needs
☐ Not applicable

The reason I have continued my employment with my current employer: (check one)

- ☐ Solely due to AB212 Stipends ☐ Level of pay ☐ Enjoy this field of work
☐ Partly due to AB212 Stipends ☐ Benefits ☐ Other

QUESTIONS?

All applicant questions should be directed to your Director or AB212 contact person.

You may also check our web site for updates and answers to frequently asked questions:

www.sbcounty.gov/childnet/AB212.htm

AUTHORIZATION AND CERTIFICATION

I understand that I may not receive the full amount of stipend that I qualify if there are insufficient funds available to pay all eligible applicants. I understand that stipends may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate. I authorize the AB212 Project to use this information for the purpose of determining my eligibility for the AB212 Project, other related scholarship programs, and statistical reporting.

PLEASE CIRCLE THE STIPEND AMOUNT YOU ARE REQUESTING

LEVEL	MATRIX LEVEL	ECE UNITS COMPLETED	STIPEND
I	Associate Teacher	12 units ECE	\$500
II	Teacher	18 units ECE	\$750
III	Teacher	24 units ECE	\$1000
IV	Teacher	24 units ECE + 8 GE	\$1250
V	Master Teacher	24 units ECE + 8 GE + 2 Super	\$1500
VI	Master Teacher	24 units ECE + 16 GE + 6 Admin + 2 Super	\$2000
VII	Site Supervisor	AA with 24 units ECE + 6 Admin + 2 Super	\$2500
VIII	Program Director	BA with 24 units ECE + 6 Admin + 2 Super	\$3000

Applicant's Signature

Date

DIRECTOR'S BOX

Please check the appropriate box for each statement in regards to the above named applicant.

Applicant has been continuously employed with your employer for the past 9 months. ☐ Yes ☐ No

Applicant works at least 20 hours per week directly with children. ☐ Yes ☐ No

The above application is accurate to the best of your knowledge. ☐ Yes ☐ No

Director's Name

Director's Signature

Date

All completed applications **due by 4:00pm on February 28, 2005** to:

Maribel Gutierrez
Children's Network
385 N. Arrowhead Avenue, 2nd Floor
San Bernardino, CA 92415-0049